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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/591,346 08/31/2006 Hiroyuki Yoshikawa L9289.06189 9541 TITLE OF INVENTION: PHASE MODULATING APPARATUS, COMMUNICATION DEVICE, MOBILE WIRELESS UNIT, AND PHASE MODULATING METHOD							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	<u> </u>	\$1740	10/14/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
JOHNSON, RYAN		2817	332-144000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type) e data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.				
(A) NAME OF ASSIG  MATSUSH  Please check the appropria	ITA ELECTRIC	C INDUSTRIAL	•	OSAKA, JA	PAN		p entity 🚨 Government
4a. The following fee(s) at X Issue Fee X Publication Fee (No Advance Order - #	o small entity discount p of Copies	Bb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1061 (enclose an extra copy of this form).					
<ol> <li>Change in Entity Statuman</li> <li>a. Applicant claims</li> </ol>	•	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no	longer claiming SMA	LL ENTIT	Y status. See 37 CFF	R 1.27(g)(2).
NOTE: The Issue Fee and	Publication Fee (if requ	nired) will not be accepted	from anyone other tha				
Authorized Signature/James Edward Ledbetter/							8
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